

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-975)

SERIAL NO.

09/889877

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DER.	IND.	DER.	IND.	DER.		IND.	DER.	IND.	DER.	IND.	DER.
1	/		/				51						
2	/		/				52						
3	/		/				53						
4	/		/				54						
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46	/		/				96						
47	/		/				97						
48	/		/				98						
49	/		/				99						
50	/		/				100						
TOTAL IND.	↓		↓				TOTAL IND.						
TOTAL DER.	↓		↓				TOTAL DER.						
TOTAL CLAIMS	↓		↓				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS